

## CITY OF PLEASANT HILL

TEL (925) 671-5209 FAX (925) 682-9327

www.ci.pleasant-hill.ca.us

100 Gregory Lane Pleasant Hill, CA 94523

## REASONABLE ACCOMMODATION ANALYSIS

**Application Submittal** 

Please provide the information requested below. Insufficient information may result in processing delays. If you need additional space to respond, please feel free to attach supplemental information.

1. Identify and describe the disability which is the basis for the request for accommodation. Include (as an attachment) a current, written medical certification (by a licensed physician) describing the disability and any limitations on the occupant's physical or mental condition

resulting from the disability.
Analysis:
<ol> <li>State the rule, policy, practice and/or procedure of the city for which the request for accommodation is being made, including any specific zoning code regulation from which reasonable accommodation is being requested.</li> </ol>
Analysis:

3. Explain why the accommodation is reasonable and necessary for the needs of the disabled person(s) occupying the building. Where appropriate, include a summary of any potential means and alternatives considered in evaluating the need for the accommodation.
Analysis:
4. Explain the measures that will be taken to reduce any impacts on surrounding property owners that may result from the requested accommodations.
Analysis:
Analysis completed by:
Date:

\phill\cd\MASTERS & FORMS\FRONT COUNTER FORMS\PLANNING FORMS 2007\Front Counter Application Forms\Word Documents\ReasAccomAnalysis.doc